FRAMEWORK FOR ANNUAL REPORT OF STATE CHILDREN'S HEALTH INSURANCE PLANS UNDER TITLE XXI OF THE SOCIAL SECURITY ACT

Preamble

Section 2108(a) of the Act provides that the State must assess the operation of the State child health plan in each fiscal year, and report to the Secretary, by January 1 following the end of the fiscal year, on the results of the assessment. In addition, this section of the Act provides that the State must assess the progress made in reducing the number of uncovered, low-income children.

To assist states in complying with the statute, the National Academy for State Health Policy (NASHP), with funding from the David and Lucile Packard Foundation, has coordinated an effort with states to develop a framework for the Title XXI annual reports.

The framework is designed to:

- Recognize the ***diversity*** of State approaches to SCHIP and allow States ***flexibility*** to highlight key accomplishments and progress of their SCHIP programs, **AND**
- Provide ***consistency*** across States in the structure, content, and format of the report, **AND**
- Build on data ***already collected*** by HCFA quarterly enrollment and expenditure reports, **AND**
- Enhance ***accessibility*** of information to stakeholders on the achievements under Title XXI.

FRAMEWORK FOR ANNUAL REPORT OF STATE CHILDREN'S HEALTH INSURANCE PLANS UNDER TITLE XXI OF THE SOCIAL SECURITY ACT

State/Territory: Nevada
(Name of State/Territory)

The following Annual Report is submitted in compliance with Title XXI of the Social Security Act (Section 2108(a)).

(Signature of Agency Head)

SCHIP Program Name (s): Nevada ✓ Check Up Program

SCHIP Program Type:
Medicaid SCHIP Expansion Only
X Separate SCHIP Program Only
Combination of the above

Reporting Period: **Federal Fiscal Year 2000 (10/1/99-9/30/00)**

Contact Person/Title: Phil Nowak, Managing Chief

Address: 1100 E. William Street, Suite 116, Carson City, Nevada 89701

Phone: (775) 684-3691 Fax: (775) 684-8792

Email: pnowak@govmail.state.nv.us

Submission Date: October 25, 2001

SECTION 1. DESCRIPTION OF PROGRAM CHANGES AND PROGRESS

This sections has been designed to allow you to report on your SCHIP programs changes and progress during Federal fiscal year 2000 (September 30, 1999 to October 1, 2000).

1.1 Please explain changes your State has made in your SCHIP program since September 30, 1999 in the following areas and explain the reason(s) the changes were implemented.

Note: If no new policies or procedures have been implemented since September 30, 1999, please enter 'NC' for no change. If you explored the possibility of changing/implementing a new or different policy or procedure but did not, please explain the reason(s) for that decision as well.

1. Program eligibility
   - All wages paid by the Census Bureau for temporary employment related to Census 2000 activities are exempt from countable income.

2. Enrollment process NC

3. Presumptive eligibility NC

4. Continuous eligibility
   - A child is eligible for 12 months of continuous eligibility.

5. Outreach/marketing campaigns
   - Established a marketing and outreach campaign to certify community-based organizations to become "Certified Verification Specialists in order to identify, assist and facilitate applications.
   - Established an inter-local agreement with Clark County Social Services and University Medical Center to identify uninsured families, conducting on-site eligibility and facilitating enrollment.
   - Established a web site that allows clients to complete an application either in English or Spanish and transmit it to the Nevada ✓ Check Up program.

6. Eligibility determination process
   - The removal of the six-month residency requirement.

7. Eligibility redetermination process
   - A child is eligible until the annual eligibility re-determination date, no later than one year from the most recent date of enrollment.

8. Benefit structure
   - Dental services in Clark County are provided by two Health Maintenance Organizations (HMO). The HMOs contract with the University of Nevada Las Vegas Dental School, which coordinates dental services with contracted dentists to provide services to Nevada ✓ Check Up children.

9. Cost-sharing policies
   - American Indians or Alaska Natives, who are members of Federally-recognized Tribes, are exempt from paying premiums.

10. Crowd-out policies NC

11. Delivery system
    - Established a contract with Health Insight to conduct prior authorization for Residential Treatment Center admissions.

12. Coordination with other programs (especially private insurance and Medicaid) NC

13. Screen and enroll process NC

14. Application NC

15. Other

1.2 Please report how much progress has been made during FFY 2000 in reducing the number of uncovered, low-income children.

1. Please report the changes that have occurred to the number or rate of uninsured, low-income children in your State during FFY 2000. Describe the data source and method used to derive this information.

   The survey that was completed in September of 1998, reflected 87,529 uninsured children in Nevada. The results of the survey could not be used because the poverty levels of the uninsured were not provided. The state is currently looking at the marketplace analysis data of the Great Basin Primary Care Association as a source to assess the level of uninsured. There are still methodology issues to be resolved but this source may prove to be reliable tracking source.

   Using the US Census Bureau data of 43,000 uninsured plus a 6% population increase of 2,580, we are using the figure 45,580, as our base against which we measure progress. Over the period in question, 15,952 children became insured in Nevada ✓ Check Up, and 57 children became insured by Medicaid through our referral process. This lowered the level of uninsured to 29, 571, or 65% of the total uninsured. The 15,952 was a 100% increase over the same period a year earlier.

2. How many children have been enrolled in Medicaid as a result of SCHIP outreach activities and enrollment simplification? Describe the data source and method used to derive this information**.**

   From October 1, 1999, to January 1, 2000, no statistics captured the number of Medicaid referrals that became enrolled in Medicaid. Of the 1,502 children referred to Medicaid, 57 were found to be eligible for Medicaid, 449 remained in Nevada ✓ Check Up, 607 were in pending status, and 389 were denied Medicaid or Nevada ✓ Check Up for lack of cooperation. Statistics were derived from Nevada ✓ Check Up database and Nevada State welfare Division CHAP Referral Reports.

3. Please present any other evidence of progress toward reducing the number of uninsured, low-income children in your State. NC

4. Has your State changed its baseline of uncovered, low-income children from the number reported in your March 2000 Evaluation? No.

   The state is currently looking at the marketplace analysis data of the Great Basin Primary Care Association as a source to assess the level of uninsured. There are still methodology issues to be resolved but this source may prove to be reliable tracking source.

   ____ No, skip to 1.3

   ____ Yes, what is the new baseline?

   What are the data source(s) and methodology used to make this estimate?

   What was the justification for adopting a different methodology?

   What is the States assessment of the reliability of the estimate? What are the limitations of the data or estimation methodology? (Please provide a numerical range or confidence intervals if available.)

   Had your state not changed its baseline, how much progress would have been made in reducing the number of low-income, uninsured children?

1.3 Complete Table 1.3 to show what progress has been made during FFY 2000 toward achieving your States strategic objectives and performance goals (as specified in your State Plan).

In Table 1.3, summarize your States strategic objectives, performance goals, performance measures and progress towards meeting goals, as specified in your SCHIP State Plan. Be as specific and detailed as possible. Use additional pages as necessary. The table should be completed as follows:

Column 1: List your State's strategic objectives for your SCHIP program, as specified in your State Plan.
Column 2: List the performance goals for each strategic objective.
Column 3: For each performance goal, indicate how performance is being measured, and progress towards meeting the goal. Specify data sources, methodology, and specific measurement approaches (e.g., numerator, denominator). Please attach additional narrative if necessary.

Note: *If no new data are available or no new studies have been conducted since what was reported in the March 2000 Evaluation, please complete columns 1 and 2 and enter "NC" (for no change) in column 3.*

Table 1.3

(1) Strategic Objectives (as specified in Title XXI State Plan and listed in your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, time period, etc.)
OBJECTIVES RELATED TO REDUCING THE NUMBER OF UNINSURED CHILDREN		
Reduce the overall percentage of uninsured children in Nevada	Overall uninsured rate should decrease by at least one percentage point in the first year, then maintain lower level	Data Sources: CPS of 43,000 with an increase of 6% population increase of 2,580 Methodology: Analysis of % of uninsured over a two year period Progress Summary: At the end of FFY00, 65% of the children under 200% (adding 6% population growth) were uninsured. This is a reduction of 16.5% of the uninsured of this population.
OBJECTIVES RELATED TO SCHIP ENROLLMENT		
Decrease the percentage of children under 200% of federal poverty level (FPL) that do not have creditable health coverage*	Within one year, at least 50% of children under 200% of FPL not currently insured should have coverage	Data Sources: CPS of 43,000 with an increase of 6% population increase of 2,580 Methodology: Analysis of % of uninsured over a two year period Progress Summary:
OBJECTIVES RELATED TO INCREASING MEDICAID ENROLLMENT		
Decrease the % of children eligible for Medicaid that are not enrolled in the program	Within one year enroll at least 40% of children under 100% of FPL who are eligible for Medicaid	Data Sources: NC Methodology: The process is incorporated within the eligibility determination process and is only measurable by the number of files referred to Medicaid. Progress Summary:
OBJECTIVES RELATED TO INCREASING ACCESS TO CARE (USUAL SOURCE OF CARE, UNMET NEED)		

*This factor includes all children whose families apply for Nevada ✓ Check Up. If it appears they are Medicaid eligible, they are referred.

Note: *If no new data are available or no new studies have been conducted since what was reported in the March 2000 Evaluation, please complete columns 1 and 2 and enter "NC" (for no change) in column 3.*

Table 1.3

(1) Strategic Objectives (as specified in Title XXI State Plan and listed in your March Evaluation)	(2) Performance Goals for each Strategic Objective	(3) Performance Measures and Progress (Specify data sources, methodology, time period, etc.)
Increase the availability of managed care in rural Nevada *(This item has been removed as a strategic objective.)*	Managed care enrollment in rural Nevada for private insurance should increase by at least 100% in three years	Data Sources: NC Methodology: Progress Summary: No future strategic plans will include development of managed care organizations in the rural areas of Nevada.
OBJECTIVES RELATED TO USE OF PREVENTIVE CARE (IMMUNIZATIONS, WELL-CHILD CARE)		
Increase immunizations, well child care according to the industry standards and use the same measures as does Medicaid.	Informing 50% non-HMO providers of the importance of Nevada ✓ Check Up children receiving immunization according to the ACIP schedule	Data Sources: Encounter data from HMO and in non-HMO areas encounter data from physician practices. Methodology: Analysis of HMO encounter data and in non-HMO areas by conducting telephone and written surveys of physician practices. Progress Summary: Did not complete due to contracts insufficiency of actuarially firm and lack of provider relations staff. (These problems have been corrected and are implemented next FFY.)
OTHER OBJECTIVES		
N/A		Data Sources: Methodology: Progress Summary:

1.4 If any performance goals have not been met, indicate the barriers or constraints to meeting them.
Objective #3, Nevada ✓ Check Up currently does not have the database interface with Medicaid to capture children by income level that are referred from Nevada ✓ Check Up to Medicaid and are successfully enrolled.
Objective #4, There is no HMO coverage available in rural Nevada.
Objective #5, Did not complete due to contracts insufficiency of actuarially firm and lack of provider relations staff. (These problems have been corrected and are implemented next FFY.)

1.5 Discuss your States progress in addressing any specific issues that your state agreed to assess in your State plan that are not included as strategic objectives. N/A

1.6 Discuss future performance measurement activities, including a projection of when additional data are likely to be available.

The State is currently looking at the marketplace analysis data and the Great Basin Primary Care Association as a source to assess the level of uninsured. Additionally, the state is currently receiving encounter data that to be used to analyze the health status of the Nevada ✓ Check Up population, usage demographics by age, gender and locale. Data from the external quality review organization (Health Services Advisory Group) will reveal client and provider satisfaction and participation in the Nevada ✓ Check Up program, i.e., CAHPS survey, evaluation of internal quality assurance programs, HEDIS assessments of health plans, evaluation of EPSDT, children with special needs, and quality oversight of dental services.

1.7.1 **Please attach any studies, analyses or other documents addressing outreach, enrollment, access, quality, utilization, costs, satisfaction, or other aspects of your SCHIP programs performance. Please list attachments here.** See attachment A (Nevada ✓ Check Up Marketing Strategic Action Plan)

SECTION 2. AREAS OF SPECIAL INTEREST

This section has been designed to allow you to address topics of current interest to stakeholders, including; states, federal officials, and child advocates.

2.1 Family coverage:

A. If your State offers family coverage, please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other program(s). Include in the narrative information about eligibility, enrollment and redetermination, cost sharing and crowd-out. N/A

2. How many children and adults were ever enrolled in your SCHIP family coverage program during FFY 2000 (10/1/99 -9/30/00)?

   Number of adults
   Number of children

3. How do you monitor cost-effectiveness of family coverage?

2.2 Employer-sponsored insurance buy-in:

1. If your State has a buy-in program, please provide a brief narrative about requirements for participation in this program and how this program is coordinated with other SCHIP program(s). N/A

2. How many children and adults were ever enrolled in your SCHIP ESI buy-in program during FFY 2000?

   Number of adults
   Number of children

2.3 Crowd-out:

1. How do you define crowd-out in your SCHIP program?

   A child must be uninsured for six months prior to the date of application.

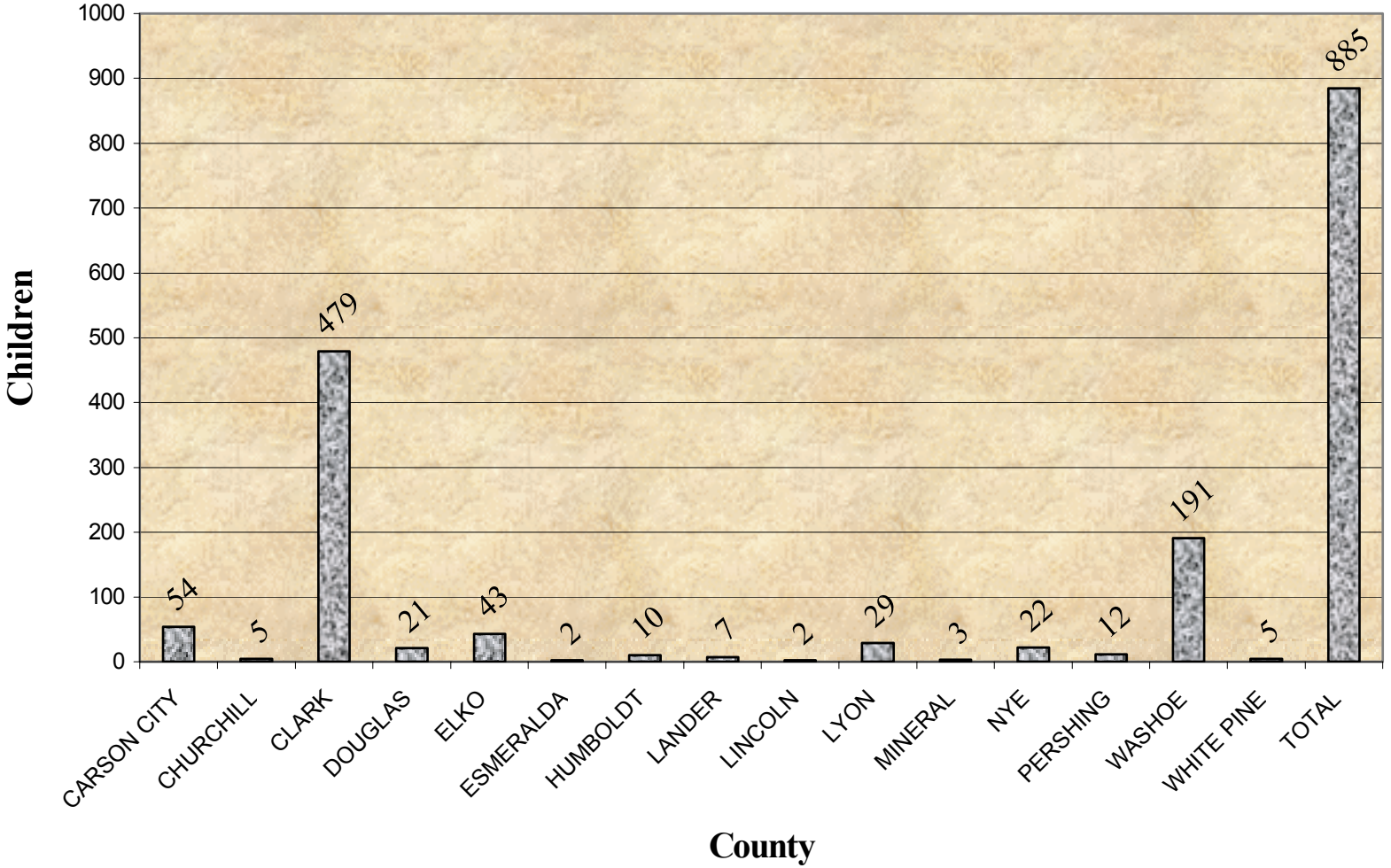
2. How do you monitor and measure whether crowd-out is occurring?

   A question is stated on the application that requests from an applicant if a child currently has health insurance and if so what kind and if coverage is terminated, the reason why, and date ended. The information is entered into the database and random audits are conducted. Additionally, queries are conducted to determine the denial reasons and reviewed if crowd-out is a concern.

3. What have been the results of your analyses? Please summarize and attach any available reports or other documentation. See attached Nevada ✓ Check Up crowd out report over the period of FFY00, only 885 children were denied due to having health insurance with the last six months from the date of application and/or currently insured.

Nevada Check Up

Children Denied Due To Other Health Insurance
(Crowd Out)
October 1, 1999 to September 30, 2000



4. Which anti-crowd-out policies have been most effective in discouraging the substitution of public coverage for private coverage in your SCHIP program? Describe the data source and method used to derive this information.

   The anti-crowd out policy that has been most effective is the six-month waiting period.
   The Nevada ✓ Check Up Microsoft Access database tracks and captures information that is extracted from the application which asks if an individual is currently insured or has had health insurance within the last six months.

2.4 Outreach:

A. What activities have you found most effective in reaching low-income, uninsured children? How have you measured effectiveness? The activity that has been most effective has been the Free Reduced Lunch Program. Currently, we analyze applicant sources of references to, or information about Nevada ✓ Check Up . Using this analysis, of the 15, 952 children enrolled in FFY00, 5,302 (33%) resulted from the Free Reduced Lunch Program.

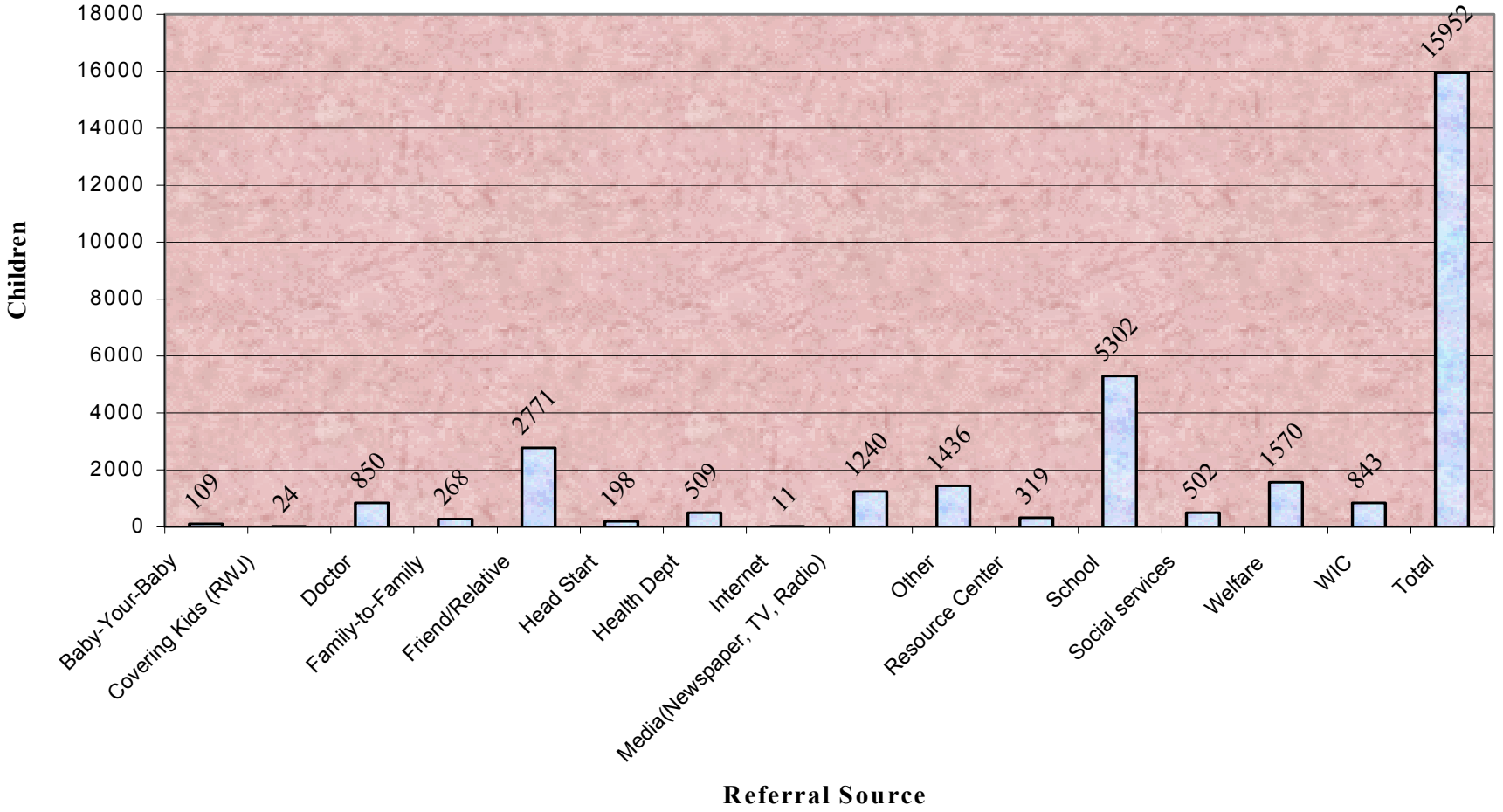
   Additionally, the second highest activity is referred from friends/relatives. This is accomplished through distinct efforts to promote the usefulness of telling friend/relatives about the availability of the Nevada ✓ Check Up program.

   Although the Covering Kids Coalition appears to have little impact on the numbers of applications received, their primary partnership with Nevada ✓ Check Up is that of providing information on the program to interested parties whose children need health insurance. Rather than completing or assisting in the completion of, applications Covering Kids workers provide the resources to enable families to apply to Nevada ✓ Check Up or Medicaid.

Nevada Check Up

Children Enrolled Referral Source

October 1, 1999 to September 30, 2000



2. Have any of the outreach activities been more successful in reaching certain populations (e.g., minorities, immigrants, and children living in rural areas)? How have you measured effectiveness?

   The dramatic increase in the successful enrollment of Hispanic children in the Nevada ✓ Check Up program parallels the increase in Spanish-speaking staff at the state level, and the training of Spanish-speaking staff to become "Certified Verification Specialists" within the their communities.

   Although we cannot report numbers for this period, we have noticed a dramatic increase in Hispanic children enrolled in a pilot study that utilized Spanish-speaking, on-site eligibility workers.

3. Which methods best reached which populations? How have you measured effectiveness?

The Native American Advisory Committee has helped shape outreach policy and activities with in the Native American population. This reporting period versus last reporting period reflect an increase. This increase was due to the training of Tribal Clinic staff to become Certified Verification Specialists.

2.5 Retention:

1. What steps are your State taking to ensure that eligible children stay enrolled in Medicaid and SCHIP?
   The Nevada ✓ Check Up program mails pre-printed information to families. The families must return the form along with their two most current pay stubs. If families do not return the form, a follow-up letter is sent to them. If they still have not replied, a disenrollment letter is sent to them stating their rights to an appeal and allowing them 30 days to respond.

2. What special measures are being taken to reenroll children in SCHIP who disenroll, but are still eligible?

_X__Follow-up by caseworkers/outreach workers
_X_Renewal reminder notices to all families
____ Targeted mailing to selected populations, specify population
____ Information campaigns
_X__Simplification of re-enrollment process, please describe Families are mailed pre-printed information to update.
____Surveys or focus groups with disenrollees to learn more about reasons for disenrollment, please describe
____ Other, please explain

3. Are the same measures being used in Medicaid as well? If not, please describe the differences.
   Yes

4. Which measures have you found to be most effective at ensuring that eligible children stay enrolled?
   Once families receive the disenrollment notice, they must inform us in writing they disagree with the decision. Families have 30 days to respond. This prompts families to immediately contact us and discuss the situation at hand.

5. What do you know about insurance coverage of those who disenroll or do not reenroll in SCHIP (e.g., how many obtain other public or private coverage, how many remain uninsured?) Describe the data source and method used to derive this information. (Sheri Chart)

2.6 Coordination between SCHIP and Medicaid:

1. Do you use common application and redetermination procedures (e.g., the same verification and interview requirements) for Medicaid and SCHIP? Please explain. No. Application/redetermination with Medicaid has a more lengthy application and review process that requires more verification and eligibility time.

2. Explain how children are transferred between Medicaid and SCHIP when a child's eligibility status changes.

   Referral from Medicaid to Nevada ✓ Check Up has been ineffective. (This has been corrected within this FFY.) The Nevada ✓ Check Up program is interfacing with the Welfare Division's NOMADs computer system to automatically default children who are denied or terminated from Medicaid who most likely will qualify for Nevada ✓ Check Up.

   The referral process from Nevada ✓ Check Up to Medicaid was problematic due to lack of income disregards and a high percentage of referrals to Medicaid that were inappropriate. (This has been corrected in this FFY by training staff and modifying the Nevada ✓ Check Up budget sheet that is used to screen for Medicaid and determine eligibility).

3. Are the same delivery systems (including provider networks) used in Medicaid and SCHIP? Please explain. Yes

2.7 Cost Sharing:

1. Has your State undertaken any assessment of the effects of premiums/enrollment fees on participation in SCHIP? If so, what have you found? No

2. Has your State undertaken any assessment of the effects of cost sharing on utilization of health service under SCHIP? If so, what have you found? N/A

2.8 Assessment and Monitoring of Quality of Care:

1. What information is currently available on the quality of care received by SCHIP enrollees? Please summarize results. FFY99 a satisfaction survey was completed by the state, however, in FFY00 we did not complete a satisfaction survey.

   Also, provider complaints are logged and we monitor the HMO disputes resolution process. In FFY00 a request for proposal was published, an external quality review organization called Health Services Advisory Group was selected to conduct to reveal client and provider satisfaction and participation in the Nevada ✓ Check Up program, i.e., CAHPS survey, evaluation of internal quality assurance programs, HEDIS assessments of health plans, evaluation of EPSDT, children with special needs, and quality oversight of dental services.

2. What processes are you using to monitor and assess quality of care received by SCHIP enrollees, particularly with respect to well-baby care, well-child care, immunizations, mental health, substance abuse counseling and treatment and dental and vision care?

   Currently that data is not being captured, however, encounter data submission and the Health Services Advisory Group will monitor and address these issues next FFY.

3. What plans does your SCHIP program have for future monitoring/assessment of quality of care received by SCHIP enrollees? When will data be available?

   Currently that data is not being captured, however, encounter data submission and the Health Services Advisory Group will monitor and address these issues next FFY.

SECTION 3. SUCCESSES AND BARRIERS

This section has been designed to allow you to report on successes in program design, planning, and implementation of your State plan, to identify barriers to program development and implementation, and to describe your approach to overcoming these barriers.

3.1 Please highlight successes and barriers you encountered during FFY 2000 in the following areas. Please report the approaches used to overcome barriers. Be as detailed and specific as possible.

Note: If there is nothing to highlight as a success or barrier, Please enter 'NA' for not applicable.

1. Eligibility
2. Outreach
3. Enrollment
4. Retention/disenrollment
5. Benefit structure
6. Cost-sharing
7. Delivery systems
8. Coordination with other programs
9. Crowd-out
10. Other

SECTION 4. PROGRAM FINANCING

This section has been designed to collect program costs and anticipated expenditures.

4.1 Please complete Table 4.1 to provide your budget for FFY 2000, your current fiscal year budget, and FFY 2002 projected budget. Please describe in narrative any details of your planned use of funds.

Note: Federal Fiscal Year 2000 starts 10/1/99 and ends 9/30/00).

	Federal Fiscal Year 2000 costs	Federal Fiscal Year 2001	Federal Fiscal Year 2002
Benefit Costs			
Insurance payments			19,864,983
Managed care	7,820,960	15,580,959	19,864,983
per member/per month rate X # of eligibles			
Fee for Service	5,700,342	6,481,367	8,924,847
Total Benefit Costs	13,521,302	22,062,327	27,986,945
(Offsetting beneficiary cost sharing payments)	353,197	598,878	802,885
Net Benefit Costs	13,168,105	21,463,448	27,986,945
Administration Costs			
Personnel	484,995	762,902	822,204
General administration	342,658	407,384	456,939
Contractors/Brokers (e.g., enrollment contractors)			
Claims Processing	162,279	220,933	313,256
Outreach/marketing costs	96,619	166,639	253,620
Other			
Total Administration Costs	1,086,552	1,557,858	1,846,019
10% Administrative Cost Ceiling	1,463,123	2,384,828	3,109,661
Federal Share (multiplied by enhanced FMAP rate)			
State Share			
TOTAL PROGRAM COSTS	**14,254,657**	**23,021,306**	**29,832,964**

4.2 Please identify the total State expenditures for family coverage during Federal fiscal year 2000.

$5,112,749

4.3 What were the non-Federal sources of funds spent on your CHIP program during FFY 2000?

_X_ State appropriations
_____ County/local funds
_____ Employer contributions
_____ Foundation grants
_____ Private donations (such as United Way, sponsorship)
_____ Other (specify)

A. Do you anticipate any changes in the sources of the non-Federal share of plan expenditures. No

SECTION 5: SCHIP PROGRAM AT-A-GLANCE

This section has been designed to give the reader of your annual report some context and a quick glimpse of your SCHIP program.

5.1 To provide a summary at-a-glance of your SCHIP program characteristics, please provide the following information. If you do not have a particular policy in-place and would like to comment why, please do. (Please report on initial application process/rules)

Table 5.1	Medicaid Expansion SCHIP program	Separate SCHIP program
Program Name		Nevada ✓ Check Up program
Provides presumptive eligibility for children	_____No _____Yes, for whom and how long?	_X_____No _____Yes, for whom and how long?
Provides retroactive eligibility	_____No _____Yes, for whom and how long?	_____No _X___Yes, for whom and how long? Newborns. Month of infant's birth
Makes eligibility determination	_____State Medicaid eligibility staff _____Contractor _____Community-based organizations _____Insurance agents _____MCO staff _____Other *(specify)*	_____State Medicaid eligibility staff _X__Contractor _____Community-based organizations _____Insurance agents _____MCO staff _X___Other *(specify)* _Nevada ✓ Check Up staff_
Average length of stay on program	Specify months	Specify months ___12
Has joint application for Medicaid and SCHIP	_____No _____Yes	_X___No _____Yes
Has a mail-in application	_____No _____Yes	_____No _X___Yes
Can apply for program over phone	_____No _____Yes	_X_____No _____Yes

Table 5.1	Medicaid Expansion SCHIP program	Separate SCHIP program
Can apply for program over internet	_____No _____Yes	_X___No _____Yes
Requires face-to-face interview during initial application	_____No _____Yes	_X___No _____Yes
Requires child to be uninsured for a minimum amount of time prior to enrollment	_____No _____Yes, specify number of months What exemptions do you provide?	_____No _X____Yes, specify number of months _6 What exemptions do you provide? Loss of employment due to factors other than voluntary termination; death of a parent; change to a new employer that does not provide an option for dependent coverage; change of address so that no employee sponsored coverage is available; expiration of the coverage periods established by the Consolidated Omnibus Reconciliation Act of 1985; discontinuation of health benefits to all employees by the applicant's employer; termination of health benefits due to a long-term disability; termination of dependent coverage due to an extreme economic hardship on the part of the employee; substantial reduction in either lifetime medical benefits or benefit category available to an employee and dependents under an employer's health care plan.
Provides period of continuous coverage <u>regardless of income changes</u>	_____No _____ Yes, specify number of months _____ Explain circumstances when a child would lose eligibility during the time period	_____No _X____Yes, specify number of months _12 Explain circumstances when a child would lose eligibility during the time period
Imposes premiums or enrollment fees	_____No _____Yes, how much? Who Can Pay? ___ Employer ___ Family ___ Absent parent ___ Private donations/sponsorship ___ Other (specify)	_____No _X____Yes, how much? _100 150% $10.00 per quarter; 151-175% $25 per quarter; 176-200% $50.00 per quarter Who Can Pay? ___ Employer _X__ Family _X__ Absent parent ___ Private donations/sponsorship ___ Other (specify)
Imposes copayments or coinsurance	_____No _____Yes	__X___No _____Yes

Table 5.1	Medicaid Expansion SCHIP program	Separate SCHIP program
Provides preprinted redetermination process	_____ No _____ Yes, we send out form to family with their information pre-completed and: ___ ask for a signed confirmation that information is still correct ___ do not request response unless income or other circumstances have changed	_____ No ___X__ Yes, we send out form to family with their information and: _X__ ask for a signed confirmation that information is still correct ___ do not request response unless income or other circumstances have changed

5.2 Please explain how the redetermination process differs from the initial application process.

The redetermination differs from the initial eligibility process by the following:

A computer printout is generated which contains the family's information. If there are changes to the form, then family must annotate the changes, sign the form and return along with their two most current pay stubs. Family's are sent friendly reminder notices. If they do not respond in the requirement time frame, a notice of disenrollment is sent to them giving them affording them the opportunity to appeal the disenrollment decision and reenroll their children.

SECTION 6: INCOME ELIGIBILITY

This section is designed to capture income eligibility information for your SCHIP program.

6.1 As of September 30, 2000, what was the income standard or threshold, as a percentage of the Federal poverty level, for countable income for each group? If the threshold varies by the child's age (or date of birth), then report each threshold for each age group separately. Please report the threshold after application of income disregards.

Title XIX Child Poverty-related Groups or Section 1931-whichever category is higher	133% of FPL for children under age 6
	100% of FPL for children aged 6-17
	____% of FPL for children aged _____
Medicaid SCHIP Expansion	____% of FPL for children aged _____
	____% of FPL for children aged _____
	____% of FPL for children aged _____
State-Designed SCHIP Program	200% of FPL for children aged 0-18
	____% of FPL for children aged _____
	____% of FPL for children aged _____

6.2 As of September 30, 2000, what types and *amounts* of disregards and deductions does each program use to arrive at total countable income? *Please indicate the amount of disregard or deduction used when determining eligibility for each program. If not applicable, enter "NA."*

Do rules differ for applicants and recipients (or between initial enrollment and redetermination) _____Yes __X__ No
If yes, please report rules for applicants (initial enrollment).

Table 6.2			
	Title XIX Child Poverty-related Groups	Medicaid SCHIP Expansion	State-designed SCHIP Program
Earnings	$	$	$ANA
Self-employment expenses	$	$	$ANA
Alimony payments Received	$	$	$ANA
Paid	$	$	$ANA
Child support payments Received	$	$	$ANA
Paid	$	$	$ANA
Child care expenses	$	$	$ANA
Medical care expenses	$	$	$ANA
Gifts	$	$	$ANA
Other types of disregards/deductions (specify)	$	$	$ANA

6.3 For each program, do you use an asset test?

Title XIX Poverty-related Groups ____No ____Yes, specify countable or allowable level of asset test_____
Medicaid SCHIP Expansion program ____No ____Yes, specify countable or allowable level of asset test_____
State-Designed SCHIP program __X No ____Yes, specify countable or allowable level of asset test_____
Other SCHIP program_____ ____No ____Yes, specify countable or allowable level of asset test_____

6.4 Have any of the eligibility rules changed since September 30, 2000? __X_ Yes ___ No

SECTION 7: FUTURE PROGRAM CHANGES

This section has been designed to allow you to share recent or anticipated changes in your SCHIP program.

7.1 What changes have you made or are planning to make in your SCHIP program during FFY 2001(10/1/00 through 9/30/01)? Please comment on why the changes are planned.

1. Family coverage

2. Employer sponsored insurance buy-in

3. 1115 waiver

4. Eligibility including presumptive and continuous eligibility

5. Outreach

Our current marketing and outreach activities include the following:

"Healthy Child Care America 2000 Project," with the University of Nevada, Reno - Nevada Cooperative Extension:

- Establishing a partnership with the University of Nevada, Reno "Healthy Child Care America 2000 Project" to provide on-site training about Nevada ✓ Check Up for childcare providers through mandatory continuing education training. This is an informal arrangement which aligns with other outreach activities; no written agreement exists.
- Submitting information about the Nevada ✓ Check Up program through Early Childhood Education newsletters.
- Conducting training for staff of school-age programs such as Latch Key, Boys & Girls Club, etc.
- Providing information for direct mailings to licensed and unlicensed childcare facilities.

Outcomes:

The principal effectiveness outcomes are the responsibility of the University of Nevada, Reno/Nevada Cooperative Extension, who will consult with the Center for Partnership Evaluation to provide technical assistance and support. Both process and outcome data will be collected to assess the effectiveness and efficiency of their Nevada's project in attaining its partnership goals and objectives.

Relative to outcomes we expect that after a year of partnering with the University of Nevada Reno, 75% of child care providers in Nevada will be well informed about the Nevada ✓Check Up program.

Making the School Lunch Connection:

(Most current statistics from the Department of Education reflect that as of August 1, 2000, approximately 59,745 children receive either free or reduced school meals. 47,353 children are enrolled in the free school lunch program and 12,392 are enrolled in the reduced school lunch program.)

- Developing an Inter-local agreement with Clark County Free and Reduced Price Meal program to obtain eligibility information from families who are likely to be eligible for the Nevada ✓ Check Up program.
- Creating an easy system to link the data files. This includes overcoming barriers of data matching and transferring of electronic data.
- Assisting in the modification of the school lunch application. The application must include the following: a confidentiality statement, a disclosure statement that notifies parents that the information will be used to enroll children in a health insurance program, and an option to decline to have their information disclosed.
- Promoting simplicity of eligibility and facilitating enrollment by using consistent information.

Outcomes:
Data will be collected from the Clark County Free and Reduced Price Meal program as well as data captured from the Nevada ✓Check Up program. The information will be analyzed and compared to determine the success of our efforts.

- *Of the number of children referred from the Free and Reduced Price Meal program to the Nevada ✓Check Up program for an eligibility determination, we expect 50% to be eligible for the program.*
- *Of the number of children determined to be eligible for the Nevada ✓Check Up program, we expect 60% to enroll.*
- *Of the number of children determined to be ineligible for the Nevada ✓Check Up program, 10 % will be referred to Medicaid.*

The CHIP - CHAP Link:

(Prior statistics indicate that the number of children who are terminated or denied from Medicaid who are eligible for the Nevada ✓ Check Up Program (CHIP) could average 461 per month.)

- Establishing a link with the Welfare Division computer system, NOMADS, to capture children who are denied or terminated from Medicaid.
- Developing a partnership with the Welfare Division to modify the NOMADS programming to facilitate automation of initial eligibility determinations for the Nevada ✓ Check Up program.
- Creating a monthly extract file of eligible cases to be downloaded to the Nevada ✓ Check Up database.
- Promoting simplicity of eligibility and facilitating enrollment by allowing the NOMADS system to conduct eligibility thereby allowing the Nevada ✓ Check Up program to simply mail the families an enrollment form. Families will not have to apply a second time with the Nevada ✓ Check Up program.

Outcomes:

- *Of the number of eligible children referred to Nevada ✓Check Up after Medicaid denial or terminated, 70% will become enrolled.*
- *Of the number of eligible children referred to Nevada ✓Check Up after Medicaid denial or termination, 30% will not return the enrollment form.*
- *A telephone survey of those families who did not return the enrollment form will identify at least three reasons why they did not. (This information will be useful in future program implementation.)*

None of these outcomes have been implemented because the NOMADS/Nevada ✓ Check Up interface has not been completed.

Internet Application:

- Establishing a web site www.nevadacheckup.com which allows English and Spanish speaking clients to complete applications on-line and e-mail to the Nevada ✓ Check Up program.
- Promoting a user-friendly process in applying for the Nevada ✓ Check Up program.
- Ensuring that all collateral materials state that " Applications can be obtained from the web site address www. nevadacheckup.com."
- Expediting applying for the Nevada ✓ Check Up program.
- Allowing clients to interact with Nevada ✓ Check Up staff by e-mailing questions and comments

Outcomes:

- *The number of applications received by e-mail will be compared to other referral sources.*
- *Cost of applications received by e-mail will increase by 5% a month during SFY02.*
- *The use of e-mail to ask questions of Nevada ✓Check Up staff will increase by 2% a month during SFY02.*

6. Enrollment/redetermination process

Retention Strategies:

The Nevada ✓ Check Up program has adopted several "best practices" with regard to the re-determination process. This will ensure that families whose children are enrolled for 12 months may continue to receive coverage if determined eligible through a simplified process. The processes adopted are as follows:

- Providing user-friendly materials and conducting passive re-enrollment of children.
- Minimizing the documentation requirements.
- Reducing the overall costs associated with the administrative functions of enrolling and re-enrolling.
- Coordinating with other agencies and sources of information to conduct ex parte reviews.
- Reviewing disenrolled cases from the redetermination process and conducting telephone surveys as to the reason for non-response.

- Reviewing internal processes and procedures in order to ensure simplicity and maximum retention of enrollment.

Outcomes:

- *Only 20% of families sent redetermination forms in SFY02 will not respond to the mailing. An improvement over the 40% that currently do not respond.*

(Note) The Nevada ✓Check Up program will collect data on those families who were sent re-determination forms and did not respond. Data gathered will reflect the number of children disenrolled and the reasons for non-response. Information will then be compared to other states redetermination data to analyze trends.

7. Contracting

University Medical Center (UMC) and Clark County Social Service (CCSS) On-site Eligibility:

- Establishing an ongoing inter-local contract between the State of Nevada, Clark County Social Services and the University Medical Center to identify uninsured families, conducting on-site eligibility and facilitating enrollment.
- Providing training to certify UMC and CCSS staff to conduct on-site eligibility.
- Promoting and facilitating increased enrollment by permitting UMC and CCSS to conduct marketing and outreach at their locations and other public venues.
- Targeting the Hispanic population to increase enrollment.

Outcomes:

The Nevada ✓Check Up program will monitor the number of children enrolled to ensure budget compliance.